

Editor's pick

The media play a vital role in our society. There is barely an aspect of our lives that is not touched in some way by information; we are deluged by messages from the radio, newspapers, e-mail, through pagers and mobile phones, on billboards and bumper stickers, and even from logos on sweatshirts and pens. In some cases, their purpose is to inform, but increasingly, messages are intended to alter our beliefs or, for example, to persuade us to consume a new product, prescribe a new drug, or support a social cause.

In this issue, Zingmond and colleagues (p 385) take a critical look at health information provided by hospital web sites. Not surprisingly, they found that most hospitals offered information to consumers about their services and that many used their web site to advertise products, either their own or those of others. In this increasingly competitive world of health care, a third of the hospitals referred to the “quality” of their health care services but—not surprisingly—most did not use any objective measures to support these claims.

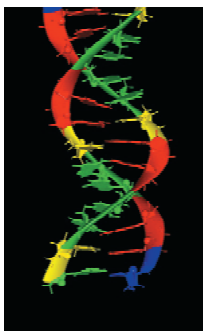
One observation of the news media is that they often lose track of the big picture and, instead, overplay events that are small in the grand scheme of things. For example, turning on the local television evening news means a tour through every murder, accident, and crime of the preceding 24 hours. Furthermore, attention is not usually focused on the facts but rather on the emotions of those touched by the horrible affair. McArthur and colleagues investigated whether television news accurately represents injuries and deaths (p 380). They found that visually compelling incidents get disproportionate coverage, suggesting that the

journalistic premise “if it bleeds, it leads” is indeed accurate. Collins, a long-time journalist with National Public Radio, reminds us in his accompanying commentary (p 384) that news cannot simply reflect epidemiologic data because it must come from the head, heart, and gut.

For patients trying to learn and to keep up with health information, the task seems to be getting more difficult. Health information is everywhere. Patients or family members often mention to their physicians a finding they read about in the newspaper or on the Internet or that they overheard at the beauty shop. This makes the job of physicians increasingly difficult because they cannot possibly keep up with the news information coming from everywhere. Alzheimer disease is an example of a condition about which there is a huge amount of information, some useful but much of it hype, scare tactics, or simply conjecture. Pinsky and associates (p 412) provide an evidence-based look at the genetic aspects of dementia. When patients show up at physicians’ doorsteps, this article prepares the physicians to answer questions such as, “Should I get tested for Alzheimer’s?”

But there are some “diseases” that it could be argued have been constructed as a social phenomenon. With these diseases, the marketing of a drug product is the driving force to define the disease or to recognize a behavior as maladaptive. In an intellectually gripping point-counterpoint (pp 364 and 365), Healy and Sheehan take us on a roller-coaster ride around the issue of whether drug companies, in an attempt to market their drugs, have hyped social anxiety disorders.

This month in wjm



Michael Davidson/Florida State University

Limitations of genomic medicine
The Human Genome Project diverts attention from other health concerns, argues Coulter (p 424)



Mark Clarke/SPL

Otitis media: what helps?
Pirozzo and Del Mar walk us through the evidence of the best treatments (p 402)



Michael Davidson/Florida State University

Pain in patients with AIDS
A case-based review of how to diagnose and treat opiate-resistant pain (p 408)